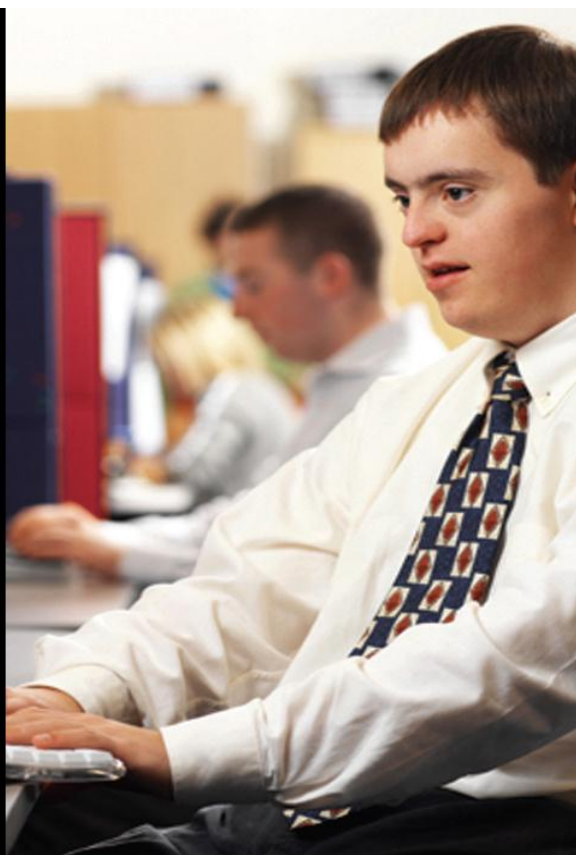


December 12, 2011

POSITIVE LIVING FOR OLDER ADULTS AND PERSONS WITH DISABILITIES



2011

Fairfax County
Human Services Council
Roundtable Discussion

Positive Living for Older Adults and Persons with Disabilities

Positive Living *Defined*

Individuals live independently in the community or in the least restrictive environment

- Individuals are *self-determined*
- Individuals are *civically and socially engaged*
- Individuals are *physically and mentally healthy*
- Individuals have *safe, affordable, accessible, and secure housing*

Our Guiding Principles

- Assure single point of entry for aging and disability services
- Offer a continuum of services, with a focus on prevention and inclusion
- Maximize resources/eliminate duplication
- Build community capacity by leveraging resources
- Person-Centered approach – best possible outcomes for the client/recipient
- Integration of services – a system of care/services/support
- Focus on vulnerable population
- Promote and maximize independence
- Sensitive to the unique needs of the culturally diverse populations

Current Population Served

Fairfax County residents and those residing in the cities of Fairfax and Falls Church

- Older adults
- Caregivers
- Adults with disabilities
- Individuals and families with, or at risk, of developmental delay, intellectual disabilities, mental illness, and alcohol or drug abuse or dependency

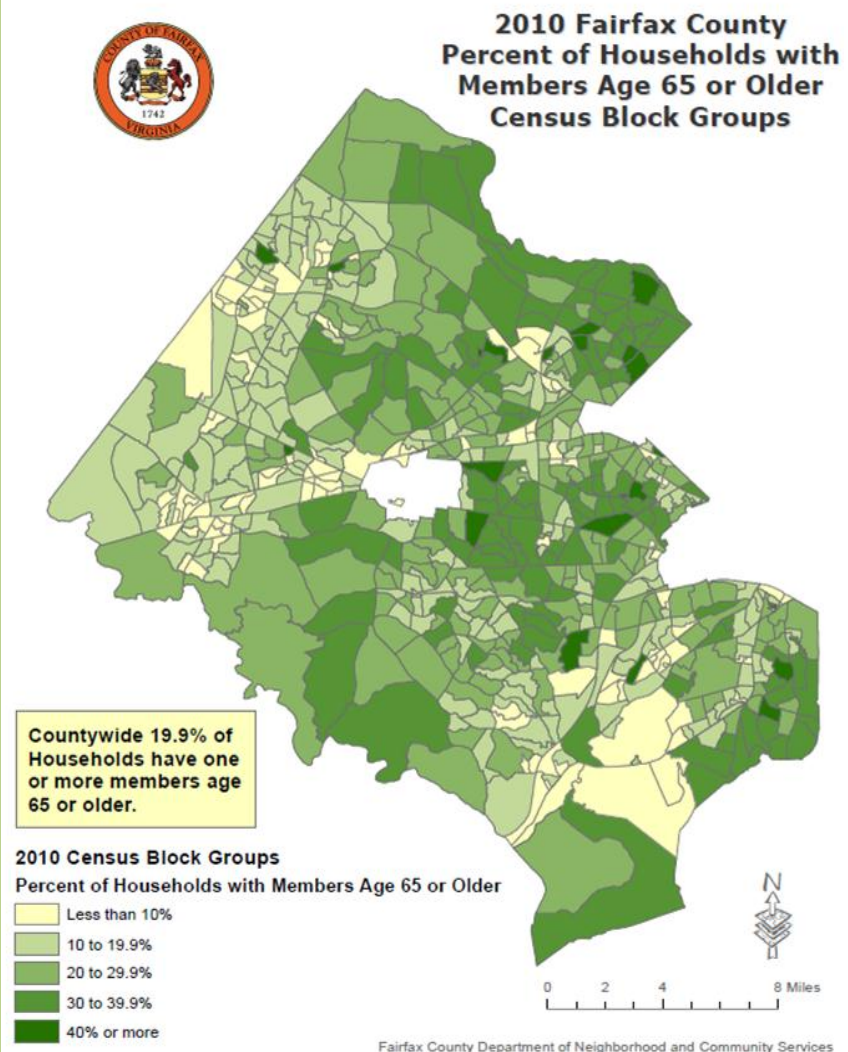
Services Include

- Adult Day Health Care
- Adult Protective Services
- Assessment and Engagement Services
- Behavioral Health Support Services
- Benefits/Access Insurance Counseling
- Care Management/Social Work
- Caregiver Support and Respite
- Community Based School Transition
- Community Education and Outreach
- Congregate Meals
- Crisis Intervention and Assessment
- Day Support and Employment Services
- Health and Wellness Services
- In-Home Care
- Inpatient and Outpatient Services
- Intensive Community Treatment
- Intensive Support Coordination
- Jail and Court Based Services
- Job Training
- Legal Services
- Meals on Wheels
- Medical Services
- Northern Virginia Long Term Care Ombudsman
- Nursing Homes and Assisted Living
- Real Estate and Car Tax Relief
- Residential Treatment Services
- Senior Centers
- Senior Housing
- Senior Plus
- Supportive and Therapeutic Residential Services
- Therapeutic Recreation
- Transportation
- Volunteer Services

In the numbers....

Factors influencing services to current population

- 1 in 5 households in Fairfax County has a member 65 years or older living in them.
- The number of older adults in Fairfax is increasing. There is an estimated 103,000 older adult members (65 and over) living in Fairfax County. By 2030 there will be an estimated 158,000.
- With increasing life expectancies, more of the working age population is part of the “sandwich” generation, those caring for both children and older adults. These caregivers may care for their elders for a longer period of time. Longevity also means that there are older adults with their own health and financial needs caring for other older adults, such as siblings, spouses, and even their parents.
- The incidence of disabilities among older adults –everything from arthritis to Alzheimer’s – doubles every five years after the age of 65. Because the oldest baby boomers will turn 75 in 2021, it is anticipated that the need for assistive services and programs will accelerate rapidly after 2020.
- More older adults are working. In 2008, 25% of the Fairfax County population age 65 and older were employed compared to 18.6% in 2000.
- An estimated 3.1% of persons age 65 and older in our community are below poverty (ACS 2008).

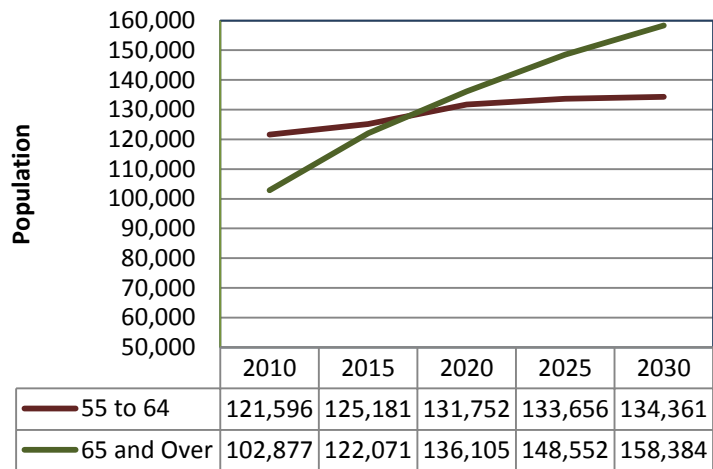


In the numbers.... *continued*

Factors influencing services to current population

- In FY 2011, the Department of Family Services' Aging, Disabilities and Caregiver unit assisted around 11,000 callers with information about services and resources for older adults, people with disabilities, and caregivers, an increase of approximately 1,000 from FY 2010.
- An estimated 18,777 grandparents live with their grandchildren under age 18. Of these grandparents, more than one in four are responsible for caring for their grandchildren (2008 ACS).
- 2008 median household income for all households in Fairfax County is \$107,448 – for households headed by persons 65 or older median household income is \$81,956 (2008 ACS).
- An estimated 3.0% of persons age 65 or older lack health insurance (2008 ACS).

**Projected Population Age Distribution
Fairfax County, 2010 through 2030**



- The average family caregiver is between the ages of 40-65, with 60% working outside the home.

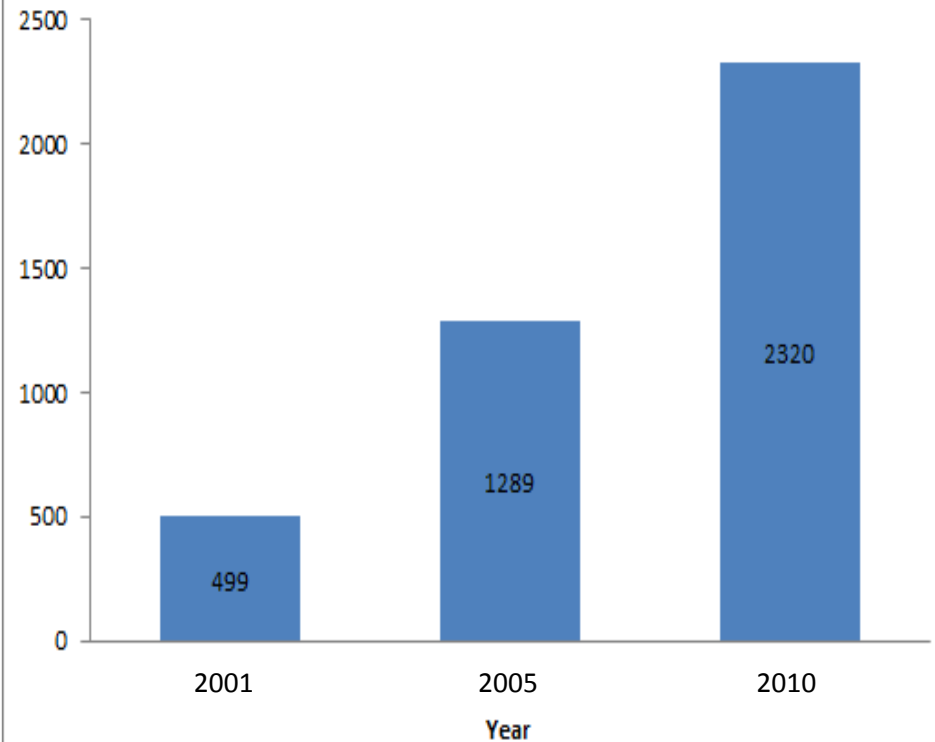
Aging and Diversity

- 6.4% of persons, 65 and older, living in Fairfax, in 1980 were minorities; by 2000 that number more than doubled to 18.3%.
- A growing number of Fairfax households speak a language other than English at home (34 percent). Over 100 different languages are spoken at home by students enrolled in the Fairfax County Public Schools (FCPS).

Those with Disabilities

- People with disabilities in the Fairfax area are almost twice more likely to live below poverty than people without disabilities: 7.8% versus 4.1% locally.
- People with disabilities in the Fairfax area have an employment rate of 70.6%, whereas people without disabilities have an 81.2% employment rate.
- In 2010, the Fairfax County Population was 1,081,004. The prevalence of Intellectual Disabilities is 1-3% of the general population (or 10,810 – 32,430 residents).
- Approximately 6% (or 1 in 7) of Americans live with a serious mental illness (64,860 Fairfax County residents).
- Of all people diagnosed as mentally ill, 29% abuse either alcohol or drugs (18,809 Fairfax County residents).
- Fairfax County 2010 Youth Risk Survey – 32.2 % of students surveyed experienced depression in the year prior to survey administration.

Number of Fairfax County Students with Autism by Year



Population-focus areas of our work

Older and Active Adults

The average recipients of this focus area are older adults, age 55 and over, who want to be civically and socially engaged. The Department of Neighborhood and Community Development provides volunteer, social opportunities and a variety of physical activities for this population. Often times, this population wants to be also involved in the leadership and planning of these activities, many of whom are recent retirees who are exploring their next chapter.

Vulnerable or Incapacitated Adults in Need of Protection

Older adults (age 60+) or incapacitated adults (age 18+) who are at risk of abuse, neglect, or exploitation live in private homes, nursing or assisted living facilities, group homes or hospitals. An average Adult Protective Services client is a 75 year old female, living in a house or apartment, and she is neglecting herself due to dementia or medical conditions. She is not able to follow-up on medical care or take care of herself and her home. Another average Adult Protective Services client also has medical conditions or dementia and is living with an elderly relative who is not able to provide the needed day-to-day care. Adult Protective Services social workers help to arrange: medical care, in-home care, and transportation; and connect with families, volunteers, and other community supports, and sometimes coordinate out-of-home placements and guardianships.

Older Adults in Need of Extra Help

The average recipient of services in this target population is 82 years old, female, with significant cognitive impairments (i.e. 89% have Alzheimer's disease and other forms of dementias) and or physical impairments (i.e. Parkinson's, chronic lung and heart disease, stroke, arthritis, hearing and vision impairments, etc). The impairments result in the need for assistance with activities of daily living (ADL) such as walking, eating, toileting, dressing, etc. In fact 94% have two or more ADL. The program allows family members to go to work and know their loved ones are safe as approximately 70% of our family caregivers work.

Young Adults with Disabilities

Young adults with a variety of disabilities age out of the public school system by age 22 at the latest. During their last years of school, they engage in transition planning designed to help them move into the next phase of life. Those with serious intellectual or developmental disabilities might be eligible for services paid through a Medicaid Waiver. However, many have disabilities that don't qualify them for existing services, or they are on a long waiting list for a Waiver. They "graduate to the couch" at their parents' home with little prospect for employment or social engagement. The Long Term Care Coordinating Council has spawned and promoted small, non-profit service organizations that provide day services for a few of these individuals, but much more is needed. Service providers estimate that hundreds may be unserved.

Focus of Cross-cutting Human Services System Work:

(What is being done to address factors influencing the population HS serves)

Volunteer Coordination and Management

Annually, staff across the county collaborates to recruit volunteers for 17 agencies, and more than 200 new volunteers of all ages are recruited to assist adults with disabilities and older adults. The Department of Family Services, Health Department, and the Department of Neighborhood and Community Services have recently centralized functions of volunteer management to improve recruitment, matching, and training of volunteers. The Fairfax-Falls Church CSB coordinates its own internal volunteer program, but actively refers volunteers to other human service agencies when the interest/skills of the volunteer or needs of another agency result in a more appropriate placement.

Front Door Services

The Department of Family Services, Health Department, and the Department of Neighborhood and Community Services are implementing plans to improve access to their services with an integrated assessment and referral process; one phone number will be advertised for senior centers, adult day health, Adult Services, Adult Protective Services, and the Fairfax Area Agency on Aging; and an Internet request for services information form will be enhanced.

Cross System Planning

Staff from the Departments of Family Services, Health, Housing and Community Development, Community Services Board and Neighborhood and Community Services is working together to identify areas where services can be provided in a more cost-efficient manner. Teams are working on service design for a redeveloped Lewinsville Center, cross system performance measures (including Results Based Accountability), and more user-friendly web information.

Meals on Wheels and Congregate Meals

Work is being done with food vendors to develop menus that have universal appeal and are healthy for all. There will be additional congregate meals at library community rooms for older adults who use food pantries. There will be a small pilot to test the reception of blast chilled meals, which can be delivered by volunteers several times per week, rather than Monday through Friday. In Fiscal Year 2011, 260,646 congregate meals were provided to 2,305 older adults. In the same time period, 255,052 meals were served to 1,037 Meals on Wheels participants.

Stakeholders, Relationships and Partners

Some Examples.....

Boards, Authorities, and Commissions

Advisory Social Services Board
 Fairfax Area Commission on Aging
 Fairfax Area Disability Services Board
 Fairfax - Falls Church Community Services Board
 Health Care Advisory Board
 Human Services Council
 Long Term Care Coordinating Council

Revenue Sources

Donations and Fees
 Fairfax County and Cities of Fairfax and Falls Church
 Virginia Department for the Aging
 Virginia Department of Behavioral Health and Developmental Services
 Virginia Department of Medical Assistance Services
 Virginia Department of Rehabilitative Services
 Virginia Department of Social Services

Community Partners

AARP
 Adams Center
 Alzheimer's Association
 Auspicious Cloud Monastery
 Boat People SOS
 Buddhist Association of America

Community Partners - continued

Evergreen Home Care
 Fairfax County Adult Day Care Health Care Associates
 Fairfax County Long Term Care Coordinating Council
 Fairfax County Public Schools
 George Mason University
 Inova Health Systems
 Japanese American Care Fund
 Korean Community Service Center of Greater Washington
 LifeCircle Alliances
 National Alliance on Mental Illness
 Northern Virginia Aging Network
 Northern Virginia Vietnamese Senior Center
 NoVaHealthFORCE
 Organization of Chinese American Women
 PCA Program for Ethnically Diverse Population
 Regional CSB Partnerships
 SeniorNavigator
 Silver Lights Seniors Association
 The Arc of Northern Virginia
 vaACCSES (The Virginia Association of Community Rehabilitation Programs)
 Virginia Ability Alliance
 Virginia Association of Community Services Boards

Stakeholders and Relationships and Partners

continued

Employers

- County employers have a stake in the county's system of long term care services, as businesses incur high costs in terms of decreased productivity by stressed working caregivers. A study by MetLife estimates the loss to U.S. employers to be between \$17.1 and \$33.6 billion per year. This includes replacement costs for employees who quit because of overwhelming caregiving responsibilities, absenteeism, and workday interruptions. (*Metropolitan Life (MetLife) Mature Market Institute, 2006*).
- In FY 2011, Intellectual Disability Services (IDS) employment and day support services were provided to 1,296 individuals with intellectual disabilities. The average annual earnings for the people surveyed in FY 2011 that received community-based group supported employment services were \$5,504. The average annual earnings for the people surveyed in FY 2011 that received individual supported employment services were \$16,683. In the directly-operated Cooperative Employment Program (CEP), a total of 160 persons were served and 23 new job placements occurred during FY 2011. Average hourly wages for 132 of these individuals was \$11.59/hour, and total wages earned increased to over \$2.3 million. The average number of hours worked by these individuals was 29 hours per week. In addition, over 50 percent of the employed individuals served by CEP received full or partial benefits as part of the compensation package offered by their employers.

Providers of Contract Services

Fairfax County uses more than **181 contracts with partners** totaling an estimated **\$28 million annually** for services related to provision of services and supports to older adults and persons with disabilities.

- Nearly 80% of these contracts are with nonprofit providers; the remainders are with for-profit companies.
- A large percentage of total county funding for direct services in this focus area is contracted out.

Some examples of our vendors include....

- Alzheimer's Family Day Care Center
- CHIMES, Virginia
- Community Living Alternatives
- Community Residences
- Community Systems, Inc.
- Didlake Inc.
- Easter Seals
- E-TRON Systems, Inc.
- Every Citizen Has Opportunities, Inc. (ECHO)
- Gabriel Homes, Inc.
- Hartwood Foundation, Inc.
- Jewish Foundation for Group Homes
- Job Discovery, Inc.
- Korean Senior Center
- Langley Residential Support Services, Inc.
- Linden Resources
- Maxim
- MVLE, Inc.
- Northern Virginia Community Living Center
- Northern Virginia Vietnamese Senior Center
- Pathway Homes, Inc.
- PRS, Inc.
- Resources for Independence of Virginia, Inc.
- ServiceSource, Inc.
- SPARC
- St. Coletta Day Support Program
- St. Johns Community Services, Inc.
- Volunteers of America - Chesapeake

Trends affecting capacity of the human services system

Federal

Changes in the Laws that impact eligibility and mandates

Trends to monitor

- It is expected that Medicaid enrollment will increase in 2014 when key provisions of the **Affordable Care Act** are put into place. The use of Medicaid Managed Care programs may increase as the state tries to contain mounting Medicaid costs. It is uncertain how changes in the use of Medicaid Managed Care will impact local service delivery but it could increase the demand for case management and transportation services.
- In 1999, the United States Supreme Court said in a decision called **Olmstead** v. L.C. that persons with disabilities who live in, are "at risk" of living in, or are eligible for placement in facilities or institutions, have a right to live in the community if: 1) They and their treatment teams agree that they can live successfully in the community; 2) They choose to live in the community; and 3) There are resources available to help them live in the community. The federal "Money Follows the Person" program was designed to assist States in rebalancing their long-term care systems and help Medicaid enrollees' transition from institutions to the community.
- The Department of Justice seeks to enforce the federal **Civil Rights of Institutionalized Persons Act** which guarantees the right to be free from harm, receive appropriate medical, behavioral, and psychiatric services. The Virginia Department of Behavioral Health and Developmental Services (VDBHDS) expects to receive a report on DOJ's investigation of Virginia's training centers within 60 days or so. Based on recent similar investigations in Georgia and other states, VDBHDS anticipates that Virginia will be cited for a lack of adequate care within the training centers, a failure to serve residents in the most integrated setting appropriate to their needs, that Virginia's ID waiver capacity is not adequate to serve everyone in need, and a number of related findings. The Governor's budget package for VDBHDS is designed to begin to address the areas that will be of concern to DOJ.
- **Substance Abuse and Mental Health Services Administration (SAMHSA)** outlined eight initiatives through 2014 that will guide their work: Prevention of Substance Abuse and Mental Illness; Trauma and Justice; Military Families; Recovery Support; Health Reform; Health Information Technology; Data, Outcomes and Quality; Public Awareness and Support.

Trends affecting capacity of the human services system

Federal - *continued*

Uncertainty in Funding

- Should more federal budget reductions occur, there could be a trickle down impact for local programs such as Meals on Wheels and Congregate meals.
- Medicaid reductions could impact the local budget and could result in new waiting lists for services and/or longer waiting lists. Additionally, if Medicaid reimbursement rates are decreased it could negatively impact the number of Medicaid providers in the community.

State

State Funding Inadequacy

- Waiting lists for community services for those with Intellectual Disabilities (ID) and Developmental Disabilities (DD) continue to increase. As of December 1, 2011 – 1118 Fairfax County residents were on waiting lists for services. Of these 1118 people, 760 were Medicaid waiver eligible and 636 people were considered “urgent” need. The state does not provide any general funds for ID services.

Trends affecting capacity of the human services system

State – *continued*

State Funding Inadequacy

- The Medicaid Elderly or Disabled with Consumer Direction (EDCD) Waiver funds personal care, respite, or adult day health for eligible persons with disabilities. Due to the EDCD waiver, Fairfax County has saved significant local dollars. In past legislative sessions, there have been attempts to reduce state funding by reducing eligibility and capping services. In FY 2011, 725 preadmission screenings were conducted, a 29% increase since FY 2008. Of the 725 screenings, 159 were for children under the age of 18. The number of screenings for children is due to the waiting lists for other Medicaid Waivers. Virginia Code requires that the assessment for these services be conducted by a team composed of a local Public Health nurse and a Social Services (Department of Family Services) social worker.
- Traditionally, significant County general fund dollars support long term care services. With years of cumulative funding cuts by the state, and the potential for federal funding cuts, Fairfax may not be able to maintain its current quality and depth of services.

The CSB and People with Developmental Disabilities

- During its 2008 session, the Virginia General Assembly directed the Joint Legislative Audit and Review Commission (JLARC) staff to examine the services available to Virginians with autism spectrum disorders (ASDs) in the Commonwealth. In June 2009, JLARC published its report and found that “while several public programs exist to diagnose, treat, and manage ASDs, those tend to be inadequately coordinated and cannot fully meet the needs of Virginians.” JLARC reported twenty-one findings or recommendations and tasked the Department of Behavioral Health and Developmental Services with creating a detailed action plan with input from multiple state agencies and stakeholders by November 2010. One recommendation of this action plan was to “establish Community Services Boards (CSBs) as the single point of entry for the Developmental Disability (DD) System, including serving individuals with ASDs.”

Trends affecting capacity of the human services system

State – *continued*

State Transformation towards a Person Centered Approach

- Continued work needs to be done to ensure a person centered approach system wide. This approach will affect individuals across all ages and disability populations, affording them personal choices, easier access to needed long term supports, and services that are integrated, individualized and simple to use.

Local

Aging in Place Initiatives

- PACE - A public-private partnership to support implementation of PACE (Program of All-Inclusive Care for the Elderly) services in Fairfax County designed to increase service capacity for older adults and adults with disabilities. PACE is a community-based alternative to nursing home care for adults 55 years and older who meet the criteria for both Medicaid and Medicare. An interdisciplinary team provides comprehensive care for all services needed by participants to include primary health care, hospitalizations, medications, home care, physical and occupational therapy, adult day health care services and nursing home care when needed. The benefits of PACE include a high level of customer satisfaction, cost savings, predictable expenditures and the opportunity for older adults to remain in the community and out of institutional settings. PACE is funded by a capitated amount from Medicare and Medicaid for each participant to cover the cost of all care provided.

Trends affecting capacity of the human services system

Local – *continued*

- Villages are community-based organizations designed to help members remain independent and in the community of their choice. Members define the type and scope of services provided, and can include persons of all ages or be age-specific. Every organization is unique and may include aspects of the following three models:
 - 1) The “Neighborhood Network” model provides information and assistance to members. It is informal and does not utilize paid staff. Groups meet on a regular basis to hear speakers on topics of interest selected by members. Members can request or provide assistance to others on an informal volunteer basis. Some networks charge nominal dues to support mailings, website development, etc.
 - 2) The “Time Banking” model utilizes community volunteers to provide services and support to others. Hours donated by volunteers are “banked” and can be used in the future when or if the volunteer needs services or assistance. Some include group meetings similar to the Neighborhood Network model. Most charge nominal dues to support a central phone line, website, mailings, etc.
 - 3) The full, non-profit “Village” model coordinates access to affordable services including transportation, health and wellness programs, home repairs, social and educational activities and trips. They are operated by paid staff and volunteers. Volunteers provide many services, such as transportation, shopping and home chores. For services that volunteers cannot provide, such as plumbing or electrical work, vetted service providers offer discounts to members. Villages arrange for services that members request by calling one central phone number in a concierge service model. Members pay dues to join, usually around \$500 to \$700 per year for an individual and \$700 to \$900 for a couple. Some villages offer scholarships or subsidies to pay dues for those who can’t afford them.

Trends affecting capacity of the human services system

Local – *continued*

Aging Workforce and the Capacity to Meet the Projected Demand

- Beginning in 2012, the United States is expected to experience a decline in the number of working-age persons per person of retirement age. Nationally, the Census Bureau predicts that the number of working-age persons per person of retirement age will remain fairly constant through 2012 at five persons of working age for every older American. After 2012, this ratio will decrease to fewer than three persons of working age for every older American in 2030. After 2030, the ratio of working age adults to older adults will level off and the age distribution of the American population should stabilize. (Anticipating the Future: A Discussion of Trends in Fairfax County)
- In 2010, 39 percent of all primary care physicians in the area were age 60 or older. New physicians entering the medical profession are less likely to elect primary care, and those who do choose a primary care practice are not entering at a rate fast enough to replace those who are leaving.
- Half of all registered nurses, in the Commonwealth of Virginia are expected to reach age 65 by 2014; between 20-25 percent (18,248 – 22,810) are likely to reduce their work hours in preparation for retirement.
- According to a Northern Virginia Health Care Workforce Alliance report in 2005 the health care providers in Northern Virginia are facing shortages in key direct patient care positions. An estimated 2,800 FTE vacancies out of an estimated 23,500 employed FTEs exist in the health care job categories studied. The Northern Virginia shortage is projected to increase to 16,600 vacant positions by 2020 without additional interventions. Key drivers include: Significant population growth; Increase demand for health care due to aging population; Aging health care workforce; Shortage of nursing and allied health faculty; demanding work and non-competitive salaries.

Trends affecting capacity of the human services system

Local – *continued*

Age Readiness

- Age Readiness is examining how well prepared a community or organization is to meet the needs of older adults who plan to remain in the community and who are living longer than the generation before them. Additionally, the older spectrum includes multiple age groups resulting in numerous challenges to program planning and development. The interests and abilities of the younger side of the spectrum are different and often do not align with those on the higher end (older) of the spectrum. The biggest challenge is meeting the needs of the younger population without compromising current practices, services, and programs for the older adults (with a varying age range) of the spectrum.

Medicaid Managed Care

- States are turning to managed long term care in their Medicaid programs for younger adults and adults with disabilities in an attempt to control growth in their Medicaid expenditures and to improve care by helping Medicaid beneficiaries receive appropriate, integrated, quality services. One option of a managed LTC program that will soon be offered in Fairfax County is the Program for All-Inclusive Care for the Elderly (PACE). PACE is designed to allow Medicaid eligible individuals, aged 55 or older, who meet the nursing facility level of care access to comprehensive coordinated care in their homes and communities.
- In 1997 Congress passed a law making it easier for states to get federal permission to put Medicaid recipients under managed care; an alternative to the fee for service most often available to older adults and adults with disabilities. The momentum has continued since, as the steadily increasing cost of providing Medicaid has put pressure on states to find ways to save money.

Trends affecting capacity of the human services system

Local – *continued*

Growth in Reporting Suspected Abuse, Neglect or Exploitation

- Reports of suspected abuse, neglect, or exploitation involving older adults or incapacitated adults under age 60 are investigated, and protective services are provided. In FY 2011, 1,005 reports were investigated, a 15% increase since FY 2008.

Transformation Activities

- The Fairfax-Falls Church Community Services Board is reorganizing and realigning resources to better serve those who need services most. CSB wants to efficiently deliver the right services, at the right time, in the right place to people as defined by their individual needs, not by a specific disability or label. For example:
 - People often need more than one CSB service.
 - Processes and services need to better fit the complex needs of people we serve.
 - More integrated service system will be easier to navigate for consumers.

Constraints/Barriers

- **Transportation**

Transportation continues to be a challenge, and this will likely only worsen with time as older adults and those with disabilities, including the younger adult population increases. The demand for services is greater than the resources available.

- **Housing**

Older adults and people with disabilities are a vulnerable portion of Fairfax County's citizenry. They need safe, affordable, accessible, and barrier free housing stock and supports to continue to live in the community. Even with the dip in housing prices, Fairfax County continues to be an expensive place to live. Many older adults and people with disabilities are unable to afford high rents and mortgages or renovate their homes to accommodate their changing physical needs.

- **Employment**

Older adults and people with disabilities can be gainfully employed if the proper jobs and supports are available in the community. High unemployment and fewer community based jobs limit the opportunity for these populations to participate in their communities and attain a personally desired quality of life.

- **Serving those in Crisis**

Crisis stabilization services provided in the community often prevent more costly psychiatric hospitalization. In FY 2011, the CSB provided emergency services to 4,726 people. Of this total, only 189 people required hospitalization. Insufficient resources limit the accessibility of community based emergency services as needed.

Constraints/Barriers

continued

- **System Navigation and Lack of Knowledge about Available Resources**

The human services system is large, complex, and confusing. Older adults and people with disabilities often do not seek services or receive the benefit of all services without the assistance of a case manager to assist in navigating the service system and coordinating an approach.

- **Access**

Access to medication, treatment, prevention, acute, diagnostic, laboratory, case management and basic services are affected when individuals cannot afford to seek care or meet eligibility requirements.

- **Language/Culture**

There can be significant challenges for families, older adults and caregivers isolated by language and/or culture. They often face loneliness and depression, are unaware of opportunities and services, and sometimes find services culturally inappropriate or difficult to access.

- **Financial Resources**

Financial resources to provide services are limited, creating increased competition to access those resources.

WHAT IS WORKING AND WHAT NEEDS IMPROVEMENT

EFFECTIVE SERVICE DELIVERY AND APPROACHES

- The Department of Family Services' cluster care model of providing task based home based care services, volunteer services, and home delivered meals to eligible older adults and adults with disabilities provides coordinated and efficient services to support living in the community. In FY 2011, 566 eligible adults who needed more support in their homes were screened for Medicaid funded services. In FY 2011, over 2,400 persons living in their own homes received case management services, and 92% of them remained living in community homes.
- Transitional Care Management is a small pilot partnership between Inova Health System, Department of Family Services, and George Mason University for the purpose of improving hospital discharge outcomes for people with Obstructive Pulmonary Disease, Acute Myocardial Infarction, Congestive Heart Failure, Chronic Obstructive Pulmonary Disease/Pneumonia, and Diabetes. A committee of the Long Term Care Coordinating Council is enlisting a broad range of community partners (including those listed above) to explore ways of expanding this pilot program.
- The Health Department's Adult Day Health Care Program provides services to all who qualify, irrespective of their income. Fees are based on a sliding scale. In FY 2011, the ADHC program served 343 participants. Last year approximately 683 family caregivers benefitted from the program as they received respite while their loved one attended one of the Centers. Approximately 30% of the participants are from an ethnically diverse community. Participants may not be left unsupervised for extended periods of time due to their cognitive and physical impairments. The impairments result in the need for assistance with activities of daily living (ADL) such as walking, eating, toileting, dressing, etc. In fact 94% have two or more ADLs. Additionally 73% meet the functional criterion for nursing home placement. The program allows family members to go to work and know their loved ones are safe as approximately 70% of family caregivers work. The average family caregiver is between the ages of 40-65, 60% worked outside of the home and 93% said that the ADHC Program helped them keep their loved one at home in the community. Over 10% of the family caregivers are caring for their aging parents while supporting their own children.

WHAT IS WORKING AND WHAT NEEDS IMPROVEMENT

EFFECTIVE SERVICE DELIVERY AND APPROACHES – continued

- One major aspect of CSB transformation initiative is developing greater integration of services and improving access whenever possible. The CSB's recent partnership with Quality of Life (QoL) Pharmacies enabled in-house pharmaceutical services to be created at the Woodburn and Gartlan Community Mental Health Centers. This partnership enables consumers to access medications while they are at the CSB sites for appointments and have a pharmacist available for consultation. The long-term benefit of both increasing individuals' knowledge of their medications as well as providing a convenient service is a great addition to the service mix.
- The new CSB Entry & Referral call center, located on Jermantown Road in Fairfax, is staffed by professionals from all CSB service areas and employs English and Spanish-speaking staff and has the capacity to access other languages when needed. The goal of the call center is to get people to the right service in the most efficient manner. Call center staff will conduct a thorough phone screening to assess needs in the areas of mental health, substance use and intellectual disabilities.
- The Department of Neighborhood and Community Services (DNCS) in collaboration with George Mason University offers a curriculum, *Your Next Chapter – Too Young to Retire*, for upcoming and recent retirees exploring meaningful opportunities and interests, and supports "age ready" seniors in developing a plan for the next chapter in their life.
- Senior+ programs, a DNCS and Easter Seals partnership, are available for seniors ages 55+ with minor cognitive and physical disabilities. This program bridges the gap between programs for fully independent seniors and those who require assistance to allow seniors with disabilities to enjoy the wide range of programming found at the county's full services senior centers. It enables participants to be in the least restrictive environment and maintain as much independence as possible while reducing loneliness and isolation. Fees are based on a sliding scale. In FY 11 Senior+ served 130 participants.
- Almost 15 thousand older adults are members of 76 Senior clubs and organizations that receive information and support from the Fairfax County Senior Citizens Council which is supported by Fairfax County staff.

WHAT IS WORKING AND WHAT NEEDS IMPROVEMENT

- In FY 2011, there was an annual attendance of 258,359 in Senior Center programs across the 13 county senior center programs; more than half of the seniors attend 2 or 3 times per week.

Needs more work or support:

- In FY 2011, 673 older adults and adults with disabilities received Meals on Wheels, which are delivered by over 1,500 volunteers. On any given week, home bound older adults and adults with disabilities did not receive their meals, because volunteers were not available. Korean, Vietnamese, and Middle Eastern meals are provided; the Korean and Vietnamese routes are full, and persons from other countries have requested food reflective of their cultures.
- System Transformation to a more person centered approach, builds on the strength and talents of the individual with disabilities or an older adult. The person centered process develops an individual plan for and works toward what an older adult or an individual with a disability wants for his/her future.
- Care coordination for persons with chronic health conditions is a core focus of health reform. Good coordination of medical care and community services can prevent hospitalizations and improve health outcomes. PACE is a model for comprehensive coordination of medical care and community services, but serves a select group (age 55+, has Medicare/Medicaid, and meets Medicaid preadmission criteria for nursing home). Formal partnerships between medical providers and community support providers, along with financial support, are necessary to implement expanded care coordination for persons with chronic health conditions.
- Therapeutic Recreation Services (TRS) offers 14 programs for adults (ages 23+) with varying disabilities. TRS currently serves 274 adults (ages 23+) with disabilities (ranging in age from 23-71). Those that started in adult social clubs at age 23 are now in their 60's and their needs are increasing, their level of independence in leisure activities is decreasing, aging related disabilities are taking effect and their leisure interests are far different from the 23-35 year olds also in the club. This group needs a higher level of support/supervision and their leisure planning has vastly different requirements than those in the younger age category so additional resources are needed to provide a different kind of programming for the aging adults with disabilities.

WHAT IS WORKING AND WHAT NEEDS IMPROVEMENT

COMMUNITY CAPACITY BUILDING

- In FY 2011, volunteers recruited through the Department of Family Service contributed 68,380 hours of service for older adults and adults with disabilities at a value of **\$1,506,411**; Community Services Board volunteers contributed 25,273 hours at a value of **\$556,764**; Health Department volunteers contributed 8713 hours at a value of **\$191,947**; Department of Neighborhood and Community Services volunteers contributed 46,398 hours at a value of **\$1,022,147**.
- Yes! You Can Live Well Virginia!, a partnership between the Health Department and ElderLink/Department of Family Services, along with the Department of Neighborhood and Community Services, helps older adults and adults with disabilities manage their chronic health conditions. Funded through a grant from the Virginia Department on Aging, this program is a six week series of workshops. Trained volunteers lead classes in faith communities and community based organizations. The grant will end in Spring 2012; continuous funding for expansion is needed.
- The Community Services Board convened a workgroup comprised of consumers, families, advocates, service providers, and staff to address how the service system can accommodate the needs of people with Autism Spectrum Disorder and other developmental disabilities. Among workgroup accomplishments were identifying a methodology to quantify the need for service by persons with developmental disabilities and their families, identifying mechanisms to standardize communicating information about ASD/DD to people with disabilities, service providers, and the community at large, and expanding the audience to which information about ASD/DD should be disseminated.
- Village models of community-based services have generated interest in neighborhoods around the county. Only two Villages are fully functioning now: Mount Vernon at Home and Mosby Woods in Fairfax City. Several other communities have expressed interest. Long Term Care Development staff and others are actively working with at least four areas that are exploring some sort of Village model for their communities.

WHAT IS WORKING AND WHAT NEEDS IMPROVEMENT

Needs more work or support:

- A major focus of the Long Term Care Coordinating Council's Services for Young Adults with Disabilities Committee has been the establishment of an autism day support and pilot employment program for young adults with Autism Spectrum Disorder (ASD). Young adults with ASD that age out of the school system have often been without services and have been left at home with little or no support. The Committee targeted this need and has developed a cooperative model that includes a day support program operated jointly by the Jewish Social Services Agency (JSSA) and the SPecially Adapted Resource Club (SPARC), along with an enhanced employment program sponsored jointly by PRS, Inc., the Community Services Board and the state Department of Rehabilitative Services. JSSA raised \$13,000 in donations to begin a pilot program to be operated by SPARC at the county-owned McLean Community Center. The program opened in October. The partners are seeking greater outside funding to establish a program to serve 30 or more participants.
- Education about disease prevention and management are important components of helping older adults and adults with disabilities live in the community. The Yes! You Can Live Well Virginia! program is a validated model from Stanford University, which could be incorporated into partnership agreements with medical providers. Funding for continuation and even expansion is needed.

BUSINESS PROCESS IMPROVEMENTS

- An Aging and Disability Resource Center is a model, which provides a single entry point for older adults and adults with disabilities and their families to access services and/or receive information and advice about resources available to them in their communities. Aging and Disability Resource Centers have received federal support in other states, but Virginia has only partially implemented the model. The Department of Family Services has integrated intake, information and assistance for the Area Agency on Aging, Adult Services, Adult Protective Services, and Disability Services, Planning and Development. Plans are underway to advertise one phone number and to have an Internet request for services form for the above services, the Health Department's adult day health services and the Department of Neighborhood and Community Services' senior centers. The Coordinated Services Planners will serve as back-up when the advertised phone number cannot be answered due to call volume.

WHAT IS WORKING AND WHAT NEEDS IMPROVEMENT

- Led by the Office of Public, Private Partnership, a county-wide volunteer management software will be implemented to improve efficiencies by consolidating the management of volunteer recruitment, placement and training. In addition, a Volunteer Coordinator position was established in DFS to collaborate with NCS and HD in an effort to enhance the capacity to serve older adults and individuals with disabilities by increasing the use of volunteers.
- The CSB and the Health Department are working to improve quality of care, usability & accessibility, cost savings, consumer access to information, efficiency through data exchanges, and reporting outcomes through the use of Electronic Health Records (EHR). Currently, CSB is implementing an “off the shelf”, certified EHR. The Health Department is in the process of defining requirements for a new EHR system.
- With declining state and local budgets, local resources have been fully subscribed for the health safety net (behavioral, oral, medical). This has led to under-funded and fragmented processes for older adults and persons with disabilities. The county is working to develop community strategies to ensure that special needs populations, including older adults and younger adults with disabilities, have access to coordinated care and appropriate services.

Needs more work/support:

- An Aging and Disability Resource Center model is one entry point for all related services. Whether Fairfax County and the state will fully implement the model is not decided. Considerations for the county include access to staff expertise for the community, staff resources, and data systems.

WHAT IS WORKING AND WHAT NEEDS IMPROVEMENT

COMMUNICATION WITH STAKEHOLDERS

- Human Services boards and authorities are looking at consolidating work committees to better achieve goals – the Disability Services Board and the Long Term Care Coordinating Council’s transportation committees now meet together.
- The Health Department is in the process of working with stakeholders to develop a coordinated strategic plan for adult day health care services in the community that would build capacity while leveraging resources in the county.
- CSB Office of Consumer and Family Affairs acts as a resource for stakeholders. The CSB Office of Consumer and Family Affairs provides oversight and technical assistance to consumer-run programs (four recovery centers and an employment center), coordinates peer-specialist training and helps organize community advocacy efforts on behalf of the CSB. The Office works in partnership with a network of advocacy agencies including, but not limited to The Arc of Nova, Voices for Virginia’s Families, and NAMI in addition to coordinating our activities through several county and CSB advisory groups. The office monitors and follows up on human right complaints in the CSB system
- The CSB Board convenes two workgroups – Intellectual and Developmental Disabilities (semi-monthly) and Substance Abuse Disorders/Mental Health (monthly) which provide forums for stakeholders to discuss issues pertinent to the disability and the service system.

Needs more work/support:

- The Disability Services Board’s housing committee is considering how to more closely collaborate with the Long Term Care Coordinating Council’s housing committee. There are more opportunities for collaboration, i.e., legislative issues and county/state budgets.

WHAT IS WORKING AND WHAT NEEDS IMPROVEMENT

LEVERAGING RESOURCES/PARTNERSHIPS

- Staff from the Department of Neighborhood and Community Services worked with community activists to help establish a 'Senior Center Without Walls' in the Burke/West Springfield area that was underserved by an existing county senior center. Using donated space and programs services, volunteers established the program that now serves over 450 participants. The program recently received awards from the Environmental Protection Agency and the National Association of Counties.
- One strategy in place to attract the age ready senior is the Volunteer Building Director program. This allows greater flexibility for these individuals to have access to county facilities while reducing reliance on county staff. The program enables a group of individuals to use the facility with volunteers serving as building managers. The end result is greater utilization of facilities in the evening which supports age ready seniors who still work and drive.
- In addition to providing services directly, the CSB partners/contracts with numerous Fairfax County based private not for profit, civic, and advocacy organizations, the business and faith communities, institutions of higher education, and individuals. These partnerships enable the CSB to leverage financial, human and materiel resources and educate the community about disabilities directly and through each contractor/partner.
- A public-private partnership to support implementation of PACE services in Fairfax County designed to increase service capacity for older adults and adults with disabilities, PACE is a community-based alternative to nursing home care for adults 55 years and older who meet the criteria for both Medicaid and Medicare. An interdisciplinary team provides comprehensive care for all services needed by participants to include primary health care, hospitalizations, medications, home care, physical and occupational therapy, adult day health care services and nursing home care when needed. The benefits of PACE include a high level of customer satisfaction, cost savings, predictable expenditures and the opportunity for older adults to remain in the community and out of institutional settings. PACE is funded by a capitated amount from Medicare and Medicaid for each participant to cover the cost of all care provided.

WHAT IS WORKING AND WHAT NEEDS IMPROVEMENT

Needs more work/support

- The CSB is establishing an independent 501(c)(3) not for profit corporation, Fairfax REACH (Resilience, Education, Advocacy, Community, Hope), to develop, facilitate and support innovative solutions to address unmet or otherwise under-resourced needs of the CSB service system. Fairfax REACH board and organizational development is very much under way, along with a number of other general activities to create and share a public profile.
- More work is needed, in collaboration with community based organizations to leverage resources, in order to build capacity and services for this population

WORKFORCE DEVELOPMENT

- The Disability Services Board sponsors an annual recognition, the Martha Glennan Employer of the Year award for local employers of persons with disabilities. The Jermantown Giant and Ernst & Young were recognized this year. Disability Services Planning and Development in conjunction with the Disability Services Board also sponsors a mentoring day for high school students with disabilities and the John Hudson summer internship for five college students with disabilities.
- The LTCCC Work Force Committee worked with the Northern Virginia Workforce Investment Board and with the non-profit Korean Central Senior Center to create training programs for personal care attendants, with a special emphasis on culturally sensitive training for multi-cultural populations

WHAT IS WORKING AND WHAT NEEDS IMPROVEMENT

WORKFORCE DEVELOPMENT - continued

- A Career (Individual) Development Process is being utilized to insure the continuity of services in the human services system by enhancing the competencies (qualifications) of employees to better compete for position vacancies which may occur within the Fairfax County government and strengthen the agencies ability to provide quality services by encouraging employees to gain or enhance the competencies (knowledge, skills, and abilities) necessary to carry out the requirements of their positions, and gain or enhance the competencies (knowledge, skills, and abilities) necessary for professional growth and development.
- System wide training for CSB staff and partners through the internet: The Northern Virginia Joint Training Coalition represents agencies and programs that provide services to individuals with intellectual disabilities, mental illness, or substance-use disorders throughout the region. The Coalition has worked together since September 2003 to consolidate and standardize staff training efforts that meet many of the mandatory training requirements. Since its inception, the Coalition's efforts resulted in time and cost efficiencies for both employees and employers.

Needs more work/support:

- Recruitment and retention of people working as direct support professionals to support community living for older adults and adults with disabilities is essential for home care agencies and group homes. Wages for these positions, however, are low, and turnover is high. The county does not seem to have a means to influence the marketplace related to direct support professionals.
- An interactive database of in-home service providers, often called direct care workers or direct support professionals, would help both the workers and those seeking assistance to connect for services. Several states have such registries. Fairfax County has a paper registry that is available as a pdf file on SeniorNavigator, but it is not an interactive database that allows easy and specific searches. Del. Ken Plum introduced legislation last year to establish such a registry. The Long Term Care Coordinating Council supports such a registry and will continue to work towards its establishment.

WHAT IS WORKING AND WHAT NEEDS IMPROVEMENT

Needs more work/support - continued

- By 2030, it is predicted that a significant number of older adults will have 5 or more chronic conditions. Success in supporting these individuals in the home and community depends in a large part on an adequate workforce of medical and non-medical support staff and accessible health care. Although these are issues that will affect other populations, they are pronounced in the field of aging because the increasing gap between the number of individuals reaching older age and the number of professional and direct support workers trained in geriatrics or gerontology. In addition, high turnover rates due to absence of health benefits, low wages and inadequate training, exacerbate the problem. For older adults more so than any other age group, continuity of care is vital. Maintaining a long term relationship with a PCP and with direct support workers is associated with better health outcomes for patients at a lower cost.

LEGISLATIVE or REGULATORY Areas to Address with the BOARD OF SUPERVISORS?

- With a growing number of older adults and adults with disabilities living in the community, there is a growing need for Public Guardians. Virginia established a Public Guardianship program in 1998, but it is underfunded, and there are even now insufficient slots (Fairfax County has 18). The Virginia Public Guardian and Conservator Advisory Board released a recent report that noted that an additional \$5,000,000 is needed to meet the needs of persons who are on waiting lists, unserved areas of the state, and persons who if they had community decision makers could transition from training centers. The current state budget for the Public Guardianship Program is \$877,000.
- Proposed rule that was released on Medicare Part C could be important for the expansion of adult day services. The Centers for Medicare and Medicaid is developing a list of services, such as adult day services, that would be considered as a supplemental benefit by Fully Integrated Special Need Plans among managed care companies.

WHAT IS WORKING AND WHAT NEEDS IMPROVEMENT

LEGISLATIVE or REGULATORY – continued

- The Board of Supervisors annually adopts a “Human Services Issues Paper” that incorporates a number of priorities for legislative action at each session of the Virginia General Assembly. The 2012 paper includes the following issues:
- Maintain and expand Medicaid waiver services to further emphasize home and community-based care and address huge waiting lists and poor provider reimbursement rates.
- Maintain or expand General Fund appropriations for home and community-based services provided through local area agencies on aging.
- Support coordinated strategies to meet the growing need for psychiatric services for older adults, promoting recovery and community inclusion.
- Support an increase in the monthly rate for Auxiliary Grants (currently \$1,112 statewide and 15% higher for Northern Virginia at \$1,279), the elimination of the local 20 percent match, and the portability of auxiliary grants so that the grant support is tied to the individual and not to an assisted living facility, as is currently the case.
- Support maintenance and expansion of services that promote the independence, self-sufficiency, and community integration of youth and adults with disabilities through direct state General Fund monies on an annual basis.
- Support reinstatement of state funding sufficient to enable every locality, either singly or regionally, to have a Disability Services Board (DSB).
- Support ensuring the inclusion of people with disabilities throughout the Commonwealth by increasing accessibility.
- Support state funding for additional Adult Protective Services social workers and Eligibility Workers.
- Support the continuation of efforts for mental health reform at the state level and support additional state funding, as part of the promised down payment of such funding to improve the responsiveness of the mental health system.
- Support increased capacity to address substance abuse and use issues through robust community based prevention programs.
- Support sufficient state funding for those county residents who need acute care service within local hospitals or within our local crisis stabilization program.

Resources

Local Government agencies and resources

1. 50+ Action Plan: <http://www.fairfaxcounty.gov/dfs/olderadultservices/pdf/50plus-action-plan-final-report-2010.pdf>
2. Department of Family Services, Adult and Aging: <http://www.fairfaxcounty.gov/dfs/#interest>
3. Adult Day Health Care: <http://www.fairfaxcounty.gov/hd/adhc/>
4. Fairfax-Falls Church Community Services Board: <http://www.fairfaxcounty.gov/csb>
5. Long Term Care Coordinating Council: <http://www.fairfaxcounty.gov/hd/ltccc/ltccomm.htm>
6. The Fairfax Area Meals on Wheels and Nutritional Supplement Program:
<http://www.fairfaxcounty.gov/dfs/olderadultservices/meals-on-wheels.htm>
7. Senior Navigator: <http://www.seniornavigator.org>
8. disAbilityNavigator: <http://www.disabilitynavigator.org>
9. Fairfax Area Agency Commission on Aging: <http://www.fairfaxcounty.gov/dfs/olderadultservices/coa.htm>
10. 2010 Fairfax County Youth Survey Results http://www.fairfaxcounty.gov/demogrph/pdf/2010_highlights_presentation.pdf
11. Prevention toolkit: <http://www.fairfaxcounty.gov/ncs/prevention/toolkit.htm>

Community and Public Health

12. County Health Rankings 2011 – Robert Wood Johnson Foundation <http://www.countyhealthrankings.org/>
13. Mobilizing for Action through Planning and Partnership (MAPP) – Fairfax County Healthy Communities 2020 planning report from Partnership for Healthier Fairfax: <http://www.fairfaxcounty.gov/hd/mapp/pdf/comm-health-assessment.pdf>
14. Designing healthy communities: <http://www.cdc.gov/healthyplaces/>
15. Commonwealth of Virginia Department of Health <http://www.vdh.state.va.us>
16. American Public Health Association <http://apha.org/>

Behavioral Health

17. Josiah H. Beeman Commission Reports: http://www.fairfaxcounty.gov/opa/beemancommission/finalreport/jhbc_final_report.pdf and <http://www.fairfaxcounty.gov/csb/reports/beeman-implementation-plan.pdf>
18. Virginia Department Behavioral Health and Developmental Services – <http://www.dbhds.virginia.gov/>
19. US Dept. Health and Human Services – SAMSHA - <http://www.samhsa.gov/>

Health Care Reform

20. Virginia Health Reform Initiative <http://www.hhr.virginia.gov/Initiatives/HealthReform/>
21. US Department of Health and Human Services - <http://www.hrsa.gov/index.html> and <http://www.cms.gov/Center/healthreform>